Please do not write in this box.
City Office Use Only

Inspector: _____

Exp. Date: _____

EC#: _____

City of Cincinnati

DEPARTMENT OF BUILDINGS & INSPECTIONS
Development and Permit Center
Elevator Inspection Section
3300 Central Parkway
Cincinnati, Ohio 45225

CITY ELEVATOR NO_____

CAPACITY _____lbs

TEST REPORT OF GOVERNORS, SAFETY DEVICES, OIL BUFFERS, ESCALATORS, RELIEF VALVE, AND FIRE RETURN SERVICE.
Required by Section 8.11.2 of the elevator Code and Rule 2.27.3

Rev. 3/1/05

Location:_____

Address:_____ **Zip Code:**_____

Type of Safety Test: ☐ Annual Test ☐ 3-Year Test ☐ 5-Year Test ☐ Acceptance Test

Type of Unit: ☐ Passenger ☐ Freight ☐ Escalator ☐ Other

This section must be filled out with each test – (except escalator test)

Powered by: ☐ Electric motor ☐ Hand Power ☐ Other Manufacturer of Equipment_____
Type of Driving Machine: ☐ Traction ☐ Drum ☐ Direct Hydraulic ☐ Roped Hydraulic ☐ Other
Type of Safety Device: ☐ Type A ☐ Type B ☐ Type C ☐ Broken Rope ☐ Relief Valve ☐ N/A
Material of Guide Rails: Car_____ Counterweight_____ ☐ N/A
Type of Governor: ☐ Flyball ☐ Centrifugal Seal before test: ☐ Yes ☐ No ☐ N/A
Type of Buffers: Car_____ Counterweight_____ ☐ N/A
Rated car speeds: Up_____(fpm) Down_____(fpm) (Required for Acceptance and 5-Year test) ☐ N/A

Yes	No	N/A	
☐	☐	☐	Were the normal and terminal electrical stopping devices tested?
☐	☐	☐	Where provided, was the firefighter's service inspected and tested?
☐	☐	☐	Where provided, was the standby emergency power inspected and tested? (Requires 125% rated load – 5yr test)
☐	☐	☐	Where provided, was the broken rope, tape, or chain switch tested?
☐	☐	☐	Where provided, were the closing forces of power operated hoistway door systems operated and tested?
☐	☐		**Did the unit pass all ASME A17.1–2004 Safety Test requirements prior to being returned to service? If no, the reason for failure must be written in the comment section on the rear of this form. Unit may NOT be returned to service if safety device failed.**

Test for Hydraulic Elevators

Yes	No	N/A		
				Date of installation_____
☐	☐	☐	Is this a 3 year hydraulic pressure safety test for a single bottom jack?	
☐	☐		Has the control valve or hydraulics been changed since last safety test?	
☐	☐		Is the full load working pressure posted in the machine room?	Full load working pressure_____(PSI)
☐	☐		Did you engage the stop ring when testing the relief pressure?	Relief bypass pressure _____(PSI)
☐	☐		Was there any change in car position that cannot be accounted for by visible leakage or temp. change?	
			Standing Test - ☐ Annual (15 min) ☐ 3 Year (2hr)	
☐	☐	☐	Have the flexible hoses and fittings been tested for at least 30 seconds at the relief valve settings?	
☐	☐	☐	Has the pressure switch and related circuits been tested for operation?	Pressure switch setting _____(PSI)
☐	☐		Was the safety test tag, as required, placed on the controller in a permanent manner?	
☐	☐		Is the relief valve sealed as required by Code?	

Annual Test for Governors and Safeties

Yes	No	N/A	
☐	☐	☐	Have the car safeties been visually inspected and operated?
☐	☐	☐	Has the counterweight safety been visually inspected and operated?
☐	☐	☐	Has the car governor been visually inspected and operated?
☐	☐	☐	Has the counterweight been visually inspected and operated?
☐	☐	☐	Was the governor tripped by hand to operate the safeties?
☐	☐		If the unit does not have a governor, was the safety and slack rope device activated by obtaining the necessary slack?
☐	☐	☐	Have the car and counterweight oil buffers been tested by fully compressing the buffer?
☐	☐		Cable leaving the safety drum_____(in) Turns remaining on drum_____
☐	☐		Was the safety test tag, as required, placed on the safety release carrier in a permanent manner?

Company Conducting the Test_____

Person(s) Conducting Test_____

Date of Test_____ Signed_____

Five Year Full Load Test

Yes No N/A

- □ □ □ Safeties tested by: □ Obtaining slack in hoist cables □ Tripping governor at rated speed with rated load?
  □ Tripping governor at overspeed condition with rated load?
- □ □ □ Have the car safeties been inspected, cleaned, operated, calibrated, and sealed?
- □ □ □ Have the counterweight safeties been inspected, cleaned, operated, calibrated, and sealed?
  - □ Car governor pull through force _____(ft-lbs) Tripping speed_____ Electrical tripping speed_____
  - □ Counterweight governor pull through force_____(ft-lbs) Tripping speed_____ Electrical tripping speed_____
  - □ Car safety slide _____(in)
  - □ Counterweight slide _____(in)
- □ □ □ After the safeties were applied, did the platform remain level after testing?
- □ □ □ Have the car and counterweight oil buffers been tested by fully compressing the buffers at full speed?
- □ □ □ For traction machines - did the car loose traction during the testing of the safeties and the buffers?
- □ □ □ Was the 125% brake test performed?
- □ □ □ Type B safeties – Cable leaving the safety drum_____(in) Turns remaining on drum _____
- □ □ □ Where provided, was the emergency terminal stopping and speed limiting devices tested?
- □ □ □ Where provided, was the leveling zone, leveling speed and inner-landing zone tested?
- □ □ Was the safety test tag, as required, placed on the safety release carrier and the governor in a permanent manner?

Annual Escalator Test

ASME Inspection Standard to be applied for this unit: _____
Rated Speed: _____ Year of Installation: _____ Total Travel: _____

Yes No

- □ □ Has the escalator skirt been cleaned?
- □ □ Is all equipment calibrated and current?
- □ □ Was the unit tested in the normal direction of travel?
  Normal direction of travel: □ Up □ Down □ Up & Down
- □ □ Does the unit have skirt deflection devices?
- □ □ Was the applied load 25 lbf and did it deviate more than ± 2.5 lbf?
- □ □ Is the distribute load area between $3in^2$ and $6in^2$?
- □ □ Did the index polycarbonate test specimen meet the following criteria?
  (1) Material: Polycarbonate without filters
  (2) Color: Natural, no pigments
  (3) Finish: Glossy (roughness less than 0.32 μin)
  (4) Area in contact with skirt panel: 4.5 ± 0.5 in^2 and at least 0.03 in thick.
  (5) Specification: GE Lexan 100 series or equivalent polycarbonate.

CHOOSE ONE OF THE FOLLOWING ITEMS:

- □ □ (1) All units range ≤ 0.15
- □ □ (2) Range: ≤ 0.25 with skirt deflection devices (installed under ASME A17.1a-2002 and later editions).
- □ □ (3) Range: ≤ 0.4 with skirt deflection devices (installed under ASME A17.1a-2000 and later editions).

- □ □ Did the escalator meet one of the applicable conditions above using the highest measurement obtained?
- □ □ Have all readouts been attached to this form? Must be submitted for each test, properly labeled and dated?

Left Right

____ ____ How many readings per side were taken during the test? (Identified when looking up from bottom on the unit)

_____ At what intervals was the index recorded?

_____ What was the Step/Skirt Performance index measurement? (Use formula)

Yes No

- □ □ **Did the unit pass all testing requirements prior to being returned to service? If no, the reason for failure must be written in the comment section below. Unit may NOT be returned to service if any safety device failed.**

Comments: _____

_____

_____

_____